



STATE OF TENNESSEE  
**TENNESSEE STUDENT ASSISTANCE CORPORATION**  
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**DEPENDENT CHILDREN SCHOLARSHIP PROGRAM**

Type or print in ink. All information must be received at TSAC by the **July 15** deadline. Applicant must be a Tennessee resident and a dependent of a law enforcement officer, fireman or emergency medical service technician that was killed or permanently disabled due to an incident that occurred in the line of duty while employed in Tennessee. Applicant **must** also complete a Free Application for Federal Student Aid (FAFSA).

1. Name \_\_\_\_\_ 2. Social Security No. \_\_\_\_\_  
Last First Middle
3. Permanent Address \_\_\_\_\_  
Street City State Zip Code
4. Date of Birth \_\_\_\_\_ 5. U. S. Citizen Yes \_\_\_\_\_ No \_\_\_\_\_
6. Telephone Number (\_\_\_\_) \_\_\_\_\_ 7. County of Legal Residence \_\_\_\_\_
8. Are you a resident of Tennessee? Yes \_\_\_\_\_ No \_\_\_\_\_ 9. Driver's License State \_\_\_\_\_ Number \_\_\_\_\_
10. E-Mail address \_\_\_\_\_

**COLLEGE OR UNIVERSITY INFORMATION**

11. Name of College or University you plan to attend \_\_\_\_\_

**PARENT INFORMATION**

12. Name of Deceased/Permanently Disabled Parent \_\_\_\_\_  
Last First Middle
13. Name and address of the employer of parent listed and position held at the time of the death or disability.
14. \_\_\_\_\_  
Employer Position Held
15. \_\_\_\_\_  
Street Address City State Zip Code

**You must provide a copy of a newspaper article, disability certification, or obituary notice that documents the employment and circumstances of the parent listed above. All information must be provided in order to have your application processed.**

16. Name of living parent/guardian \_\_\_\_\_  
Last First Middle
17. \_\_\_\_\_  
Street Address City State Zip Code
18. Relationship to Applicant \_\_\_\_\_
19. Home Telephone Number (\_\_\_\_) \_\_\_\_\_ 20. Work Telephone Number (\_\_\_\_) \_\_\_\_\_

**We authorize the release of any records necessary to support this application.**

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE SIGNED

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE SIGNED